MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S) 09/890589

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/					
TOTAL DEP.	6	↓	↓		↓	
TOTAL CLAIMS	7					

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		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.							
TOTAL DEP.		↓		↓		↓	
TOTAL CLAIMS							

PTO-1360 (5-78)